FOR INSTRUCTIONS OF BASIS	IA ETHICS AND	
FOR INSTRUCTIONS, SEE BACK OF FORM	FORM RIGH DISSTATEM	
This is an initial* Statement of Organization	DR-1 OF	100
This is an amended. Statement of Organization	Rev20201MOV 1 20RGANIZA	MOL
Statement must be filed within 10 days of committee accepting accepting	TO OTHER DESCRIPTION	2
incurring debts exceeding \$750. Amendments must be filed within 30 de Effective January 1, 2011, ONLY county/local committees with less than 1 using these forms. All other committees with less than 1		
using these forms. All other committees must file their statements and re	\$2000 in campaign activity may file Audited	
	Computer	
COMMITTEE NAME ↓ ↓ (A candidate's committee must include to put old name in ().	the candidate's last name in the name of the committee.) If amending committee	ee name,
ELECT SILVIA QUEZADA		
IMPORTANT: Indicate type of committee you are reporting for: (a		
(5)County Candidate (6)City Candidate (7)Separation Candidate (
COMMITTEE TREASURER (mandatory for all committees)		
Name + SILUIA QUEDARA	Name V CANALA (mandatory except for a candidate's comm	nittee)
Mailing Address + 416 RIDGEVIEW AVE	Name + SIWIA QUEZADA	
City State 7 To 12 DOGEVIOU AVE	Mailing Address 1 416 12106 BUILD AVE	
City, State + Zip Code + 10WA CITY, IA 52LY6	City, State + + Zip Code + 1000A CIM I I A 5ZZY	6
Phone () 315-3854	Phone () 319-354-3854	
e-Mall Smg 130 @ not mail com	e-Mail Smg 130 e hormail. com	
INDICATE PURPOSE OF COMMITTEE - Check One Box Ad Comment or description:	dvocate for/against candidate(s) Advocate for ballot lasue(s)	
All Candidates Enter:	Advocate against hallot issue(s)	
Office Sought: City COUNCIL	County/Local Candidates and Ballot Issue Committees Enter:	
Political Party (if applicable) NA	County JOHNSON COUNTY	
District: NA	(If active in multiple ballot issue elections, attach list of counties	
Year Standing for Election: 2013	Date of Election: [1~05-1]	
Bank Account Name (must match committee name)	Candidate name & Address or Parent Entity (PACs. if applicable).	
none established: All compaign	Amiliate, or Sponsor	
Name of Financial Institution/type of Account	SIWIA QUEZADA	
expenses paid from personal funds.	Mailing Address ↓ ↓	
Mailing Address +	416 RIDGENIEN AUE	
	City 1 State 1 Zip 1	
City + State + Zip +	TOWA CITY IA 52246	
State V Zip V V	Phone () 319-354-3854	
	e-Mail Sing 130 e hotmail. com	
STATEMENT OF AFFIRMATION: By filling this document the committee effi	irms the following:	
	t they are subject to the laws in lows Code chapters 68A and 68B and the administr	
That lowe Code section 68A.402 and rule 351—4.9 require the filing of discloss subjects the candidate or chairpenson (in the case of committees other than a car imposition of other criminal and the case of committees other than a car	sure reports and that the failure to file these reports on or before the required due di ndidate's committee) to the automatic assessment of a civil penalty and the possible	etes
		6
That lows Code section 68A.405 and rules 351—4.38 through 4.41 require the colitical materials except for those items exempted by statute or rule. A committee shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file. The lows Code.	e placement of the words "paid for by" and the name of the committee on all e that wishes to register a committee name for purposes of using the	
	is the Form DR-SFA form in lieu of filing this form. e receipt of corporate contributions by all committees except for ballot issue PACs.	
A candidate and a candidate's committee may only expend campaign funds as That the committee will continue to the district of the committee will continue to the district of the dist	5 permitted by lower code eactions SSA DD.	
That the committee will continue to file disclosure reports until all activity has c dissolution (DR-3) has been filed.	e permitted by lower code sections 68A,301 through 68A,303 and rule 351—4,25. Deased, committee funds spent, debts resolved, and a final report and a statement of	
1 1.1	abort and a statement of	ar .
Signatural Treasurer	11-10-13	
(hullet	Date Signed	
Signature of Candidate, OR, for all other committees, Chairperson	11-10-13	